

**INDEPENDENCE AVENUE EAST
SPECIAL REVIEW DISTRICT
APPLICATION**

APPLICANT: _____

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE NO.: () _____

PROPERTY OWNER: _____

TENANT: _____

ADDRESS: _____

TELEPHONE NO.: () _____

NAME OF PROJECT: _____

CURRENT LAND USE: _____

PROPOSED LAND USE: _____

EXISTING ZONING: _____

PROPOSED ZONING: _____

(if applicable)

APPLICATION FOR: Building _____

Landscaping _____

Circulation _____

Parking _____

Signage _____

(Please sign on the reverse side)

The Independence Avenue East Design Review Committee meetings are held on the second Wednesday of each month at 8:00 a.m. at the Historic Northeast Restoration Corporation offices, 6612 Independence Avenue, Kansas City, Missouri, 64125, unless otherwise designated.

SPECIAL REVIEW DISTRICT - APPLICATION

PAGE 2

NOTICE:

Application and supporting materials must be received fourteen (14) days prior to the Independence Avenue East Design Review Committee Meeting. I have read the instructions for the Special Review hearing and am familiar with the Ordinance for this Special Review District.

Applicant's Signature

Date

SPECIAL REVIEW COMMITTEE ACTION

☐ Approval

☐ Denial

Chairman's Signature

Date

Case Number